

Maryland Office of Minority Health and Health Disparities (MHHD) invites you to celebrate



Minority Health Month April 2013:

Health Care Reform and You



Happy Birthday, ACA! Lt. Governor Anthony G. Brown recently

released the following statement in recognition of the third anniversary of the signing of the Patient Protection and Affordable Care Act (ACA): Three years ago, President Obama signed the Affordable Care Act because he believed that

access to health care was an important part of growing our Middle Class and laying a strong foundation for America's future. Maryland has become a national leader on health care reform because we acted early, worked in partnership with stakeholders in the public and private sectors, and always put the needs of Marylanders first. As a result of our actions, we've

expanded health care coverage to over 367,000 Marylanders who were previously uninsured. We also worked together to build a state-of-the-art health benefit exchange, The Maryland Health Connection, that accommodates the specific needs of individuals and small businesses throughout our state. While we've made great progress, we know that our work is far from over. Looking to the future, Governor O'Malley and I pledge to continue our efforts until each and every Marylander has access to quality, affordable health care.

How Does the ACA Specifically Aim to Reduce Health Disparities among Racial/Ethnic Minority **Groups?**

1. Data Collection and Reporting by Race, Ethnicity and Language Population surveys collect and report date on race, ethnicity and primary language;

Collect/report disparities data in Medicaid and CHIP; Monitor health disparities trends in federally-funded programs

- 2. Workforce Diversity
 - Collect and publicly report data on workforce diversity; • Increase diversity among primary care providers, long-term care
 - providers, dentists, mental health providers, nursing professions, etc.; Health professions training for diversity.

- 3. Cultural Competence Education and Organizational Support
 - Develop & evaluate model cultural competence curricula; • Disseminate cultural competence curricula through online clearinghouse;
- 4. Health Disparities Research Patient-Centered Outcomes Research Institute (PCORI) to carry out comparative effectiveness research (CER);

Cultural competence training for primary care providers and

Support collaborative research on topics including cultural competence.

home care aides.

- 5. Health Disparities Initiatives in Prevention National oral health campaign, with emphasis on disparities;
 - Maternal & child home visiting programs for at-risk communities.

6. Addressing Disparities in Insurance Coverage

Increase funding to Centers of Excellence;

Standardized drug labeling on risks & benefits;

 Remove cost-sharing for American Indians/Alaska Natives (AI/An) at or below 300% federal poverty level (FPL);

· Enrollment outreach targeting low income populations; Nondiscrimination in federal health programs and exchanges.

How Does the ACA Offer a Platform to Improve Delivery of Health Care for Diverse Populations?

Promoting integrated strategies across health and social services

1. Advancing the Health of Communities Leveraging support for community-based strategies and engagement

to improve the health of diverse communities. 2. Health Care Organization-based Initiatives Developing and testing model programs that link specific organizational

Preserving and transitioning the health care safety net.

efforts to reducing disparities and improving quality of care.

in reducing disparities.

- Documenting and linking non-profit community needs assessment/ benefit requirements to health care reform incentives to address disparities.
- Developing effective care/disease management and self-management interventions and protocols for diverse patients. Mitigating the effects of overweight/obesity and negative environmental factors that may impede progress on reducing

addressed."

16

13

16

United States

307,891,500

to health care services.

3. Individual-level Initiatives

disparities.

- "Maryland must seize the opportunity presented by health care reform to embrace a 'culture of care' where individuals have not only health insurance, but also meaningful access
- In its implementation efforts, the state must recognize the many reasons some individuals cannot access health care, which include racial or ethnic disparities, geographic, cultural, or linguistic barriers and provider shortages.

Maryland Health Care Reform Coordinating Council, Final Report Jan. 2011 Health Insurance Coverage of the Total Population,

states (2010-2011), U.S. (2011)

12

12

Maryland

5,782,300

Kaiser Family Foundation, http://statehealthfacts.kff.org

49% Employer 57%

5% Individual 5%

16% Medicaid 12%

13% Medicare 12%

1% Other Public 1%

16% Uninsured 13%

Achieving a culture of care will ensure that these barriers are



and language needs in enrollment

- implementing cultural and linguistic requirements in health insurance exchanges march
- employer-sponsored insurance. Moreover, even when offered coverage by an employer, they are likely to have

Insurance Coverage Will Work



Visit the Kaiser Family Foundation's website for "Illustrating Health Reform: How Health Insurance Coverage Will Work" and click on the characters below for examples of individuals, families, and businesses: http://healthreform.kff.org/profiles.aspx?source=QL Or watch the short, animated video "Health Reform Hits Main Street" to learn more about changes that are happening now, and the big ones coming in 2014:

Key Health Coverage Challenges Faced by People of Color People of color account for a significant share of the U.S. population today and are projected to make up the majority of the population by 2050. There is significant diversity among communities of color, reflecting varied cultural backgrounds, immigration statuses, and languages. While the majority of people of color have a full-time worker in the family, they are more likely to be in low-income, low-wage jobs that provide limited access to difficulty affording it given their low incomes. Similarly, coverage on the individual market is often unaffordable. Source: KFF Kaiser Commission on Key Facts: Health Coverage by Race and Ethnicity: The Potential Impact of the Affordable Care Act (March 2013): www.kff.org/minorityhealth/ upload/8423.pdf Learn More About How Health Care Reform Will Affect You http://healthreform.kff.org/the-animation.aspx Illustrating Health Reform: How Health

community organizations, health care providers, and navigator training. sharing a common vision such as advocacy organizations. designing consumer materials. Summary of Progress on Integrating Diversity and Equity into Exchange Planning in Maryland: Diversity in board composition mentioned in the exchange legislation Diversity specified for stakeholder advisory groups Community meetings or focus groups held that target or consider race, ethnicity, and language needs

Input from advocacy groups representing communities and patients of color Targeted outreach and education planned for limited English proficient and specific racial and ethnic groups Navigator/assisters program will focus on specific race, ethnicity,

Click on the YouToon characters and Main Street businesses to view their illustrative profiles and learn how the Affordable Care Act will affect their coverage. Access downloads, additional resources and video explainers. View "Health Reform Hits Main Street" to learn more about the problems with the current health care system, the changes that are happening now, and the big changes coming in 2014.

THE HENRY J. KAISER FAMILY FOUNDATION